CCL 054 2002

## KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT BUREAU OF CONSUMER HEALTH CHILD CARE LICENSING AND REGISTRATION SECTION 1000 SW JACKSON, TOPEKA, KS 66612-1274\* SUITE 200 PHONE (785) 368-7015 FAX (785) 296-7025



Website: www.kdhe.state.ks.us/kidsnet/

## CONTINUOUS DENTAL RECORD FOR CHILDREN IN FOSTER CARE

Name of Child	Age	Name of Home or Facilit	у		
	\(\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex	99999			
කිකිකිකිකිකිකිකිකික					
<u>ම්</u> හිතිහිතිහිතිමතික්ක්ක්ක්ක්ක්					
. (	<u>ම්</u> ලුත්ත්ත්ත්ත්ත්ර	<u>ත්</u> ක්ක්ක්ක්	<u>ක්</u>		
LEGEND	<b></b>				
Filling Present	Fill in with black	Missing Teeth	Indicate with large black M		
Cavities	Outline surfaces involved in <u>red</u> Draw parenthesis around when filled - ( )	Teeth Indicated for Extraction	Indicate with large red X		
Gum Inflammation	Indicate in red beneath teeth involved	Teeth Extracted	Indicated with large black X		
EXAMINATION					
Deciduous teeth: Decayed? Stained? Calculous? Describe:		Permanent teeth: Decayed? Stained? Calculous? Describe:			
Gums Inflammation? Describe:		Mucous membranes Describe:			
Other oral manifestations Describe:					
Do irremediable defects of the teeth exist?		Is adequate fluoride present in the water supply?			
ls malocclusion pre		Have fluoride applications been provided?	Yes No		
RECOMMENDATIO	NS				
X-Rays	Restorations [	Extractions	Other		
Dental Proph	ylaxis Fluoride Applications [	Orthodontic Service			
Continuous record of all services rendered on other side.					
Signature		Date			

## **CONTINUOUS TREATMENT RECORD**

Each entry must be identified by signature of dentist or dental hygienist.

Date	Tooth	Services Rendered	Signature
. 185			
	:		
	:		
		·	